

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>HOUSING AUTHORITY OF MCCREARY COUNTY</u> PHA Code: <u>KY081</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>71</u> Number of HCV units: _____				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. 1. Reduce public housing vacancies: AVERAGE 97% OCCUPANCY 2. Improve public housing management: MAINTAIN 100% 3. Increase customer satisfaction: MAINTAIN 100% 4. Renovate or modernize public housing units: COMPLETE 100% 5. Make aware, uphold and enforce VAWA Policy as it applies.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. (a) HAMC revised our Annual PHA Plan to reflect work items funded through the American Recovery and Reinvestment Act (ARRA). HAMC revised our Procurement Policy, added an addendum to reflect American Recovery and Reinvestment Act (ARRA). HAMC revised ACOP Policy, added an addendum reflecting Violence Against Women Act (VAMA), also amended Dwelling Lease to reflect the same. HAMC revised ACOP Policy, outlined Income Verification procedures. (b) PHA Plans may be obtained at the Housing Authority of McCreary County office.				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. <u>N/A</u>				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. ATTACHMENT: A 2009 ATTACHMENT: B 2008 ATTACHMENT: C 2010				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. ATTACHMENT: A 2009 ATTACHMENT: B 2008 ATTACHMENT: C 2010				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. ATTACHMENT: D				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. <u>N/A</u>				

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>ATTACHMENT: E</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <ol style="list-style-type: none"> 1. Employ effective maintenance and management policies to minimize the number of public housing units off-line. 2. Reduce turnover time for vacated public housing units. 3. Reduce time to renovate public housing units. 4. Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required. 5. Participate in the consolidated Plan development process to ensure coordination with broader community strategies. 6. Adopt rent policies to support and encourage work. 7. Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing.
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <ol style="list-style-type: none"> Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. ATTACHMENT: F (1-2) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification". ATTACHMENT: G
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ol style="list-style-type: none"> Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. ATTACHMENT: H Challenged Elements ATTACHMENT: I Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

ATTACHMENT: A Part I: Summary					
PHA Name: Housing Authority of McCreary County		Grant Type and Number Capital Fund Program Grant No: KY36P08150109 Replacement Housing Factor Grant No: Date of CFFP: 2009			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	48911.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	10000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	40500.00			
11	1465.1 Dwelling Equipment—Nonexpendable	5000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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Type of Grant <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Original Annual Statement </div> <div> <input type="checkbox"/> Reserve for Disasters/Emergencies </div> <div> <input type="checkbox"/> Revised Annual Statement (revision no:) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Performance and Evaluation Report for Period Ending: </div> <div> <input type="checkbox"/> Final Performance and Evaluation Report </div> </div>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	107411.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director Date	

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ATTACHMENT: B Part I: Summary					
PHA Name: Housing Authority of McCreary County		Grant Type and Number Capital Fund Program Grant No: KY36P08150108 Replacement Housing Factor Grant No: Date of CFFP: 2008			FFY of Grant: 2008 FFY of Grant Approval: 2008
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	49506.00		49506.00	43638.57
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	10000.00		10000.00	7633.95
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5000.00		5000.00	2400.00
8	1440 Site Acquisition				
9	1450 Site Improvement	5000.00		5000.00	4062.00
10	1460 Dwelling Structures	15000.00		15000.00	15000.00
11	1465.1 Dwelling Equipment—Nonexpendable	24000.00		24000.00	14073.88
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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ATTACHMENT: B Part I: Summary					
PHA Name: Housing Authority Of McCreary County		Grant Type and Number Capital Fund Program Grant No: KY36P08150108 Replacement Housing Factor Grant No: Date of CFFP: 2008		FFY of Grant:2008 FFY of Grant Approval: 2008	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	108506.00		108506.00	86808.40
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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[illegible]

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ATTACHMENT: C Part I: Summary					
PHA Name: Housing Authority of McCreary County		Grant Type and Number Capital Fund Program Grant No: KY36P08150110 Replacement Housing Factor Grant No: Date of CFFP: 2010			FFY of Grant: 2010 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	34411.00			
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	10000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	50000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	3000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	10000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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ATTACHMENT: C Part I: Summary					
PHA Name: Housing Authority of McCreary County	Grant Type and Number Capital Fund Program Grant No: KY36P08150110 Replacement Housing Factor Grant No: Date of CFFP: 2010	FFY of Grant:2010 FFY of Grant Approval:			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	107411.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date

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ATTACHMENT: D *Capital Fund Program – Five Year Action Plan*

PAR I: SUMMARY

PHA Name/Number			Locality (City/County & State)		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
B	Physical Improvements Subtotal	Annual Statement	73000.00	50000.00	50000.00	60000.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment			5000.00		
E	ADMINISTRATION		10000.00	10000.00	10000.00	10000.00
F.	Other					
G.	Operations		24411.00	42411.00	47411.00	37411.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		107411.00	107411.00	107411.00	107411.00
L.	Total Non-CFP Funds					
M.	Grand Total		107411.00	107411.00	107411.00	107411.00

ATTACHMENT: D Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year: <u>2011</u>			Work Statement for Year: <u>2012</u>		
	FFY <u>2011</u>			FFY <u>2012</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL Statement						
	HA-WIDE <i>"Refinish & Paint all entry doors"</i>	134	20000.00	KY-081 <i>"Renovate Kitchen Cabinets"</i>	40	50000.00
	<i>"Replace Bathroom Exhaust Fans"</i>	71	21000.00			
	<i>"Replace Interior Lights"</i>		12000.00			
	KY082					
	<i>"Replace Range Hoods"</i>	31	10000.00			
	<i>"Replace Bathroom Heaters"</i>	31	10000.00			
	Subtotal of Estimated Cost		\$107411.00	Subtotal of Estimated Cost		\$107411.00

ATTACHMENT: D Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year <u>2013</u> FFY <u>2013</u>			Work Statement for Year: <u>2014</u> FFY <u>2014</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
ANNUAL	KY-O82 <i>“Renovate Kitchen Cabinets”</i>		50000.00	HA-WIDE “Storage Units”		50000.00
Statement						
	Subtotal of Estimated Cost		\$107411.00	Subtotal of Estimated Cost		\$107411.00

ATTACHMENT: E Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	10		38
Extremely low income <=30% AMI	7	70%	
Very low income (>30% but <=50% AMI)	2	20%	
Low income (>50% but <80% AMI)	1	10%	
Families with children	6	60%	
Elderly families			
Families with Disabilities	5	50%	
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	4	40%	
2 BR	4	40%	
3 BR			
4 BR	2	20%	
5 BR			
5+ BR			

ATTACHMENT: E Housing Needs of Families on the PHA's Waiting Lists

Is the waiting list closed (select one)? ☒ No ☐ Yes

If yes:

HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

ATTACHMENT F (1)
HOUSING AUTHORITY OF MCCREARY COUNTY
MISSION AND GOALS
5-YEAR PLAN / 2005-2009

ACCOMPLISHMENTS

1. PHA has received and maintained 100% scoring factor.
2. Achieved 97% occupancy rate.
3. Increased rent revenue
4. Accomplished 25% of non-elderly families having at least one member working.
5. Renovated and maintained all units in public housing in a quality manner.
6. PHA CF2003, CF2004 was closed out with no findings.
7. Completed site improvements such as:
 - (a) Replacement of garbage areas
 - (b) Streets resurfaced and stripped
 - (c) Refinished all ironwork, KY081 & KY082
 - (d) Purchased “20” new appliances and “40” lights for upgrades.
 - (e) Purchased “75” energy efficient light fixtures and bulbs to replaced old fixtures.
 - (f) Replaced several windows in Project 2. (not damaged/needed upgraded)
8. Completed site drainage improvements.
9. Completed termite extermination, and established renewal in KY081 & KY082.
10. Communicate regularly with local agencies to benefit our residents.
11. Purchased mobile handicap ramp for residents with short-term disability needs.
12. Purchased motor and mechanical components for sewer lift station.
13. Completed Design Phase, Bid Phase, Accepted bid and Completed “Office and Community Room Renovation Project”.
14. Purchased new furniture for office and community room.
15. Purchased new copier and “1” new computer station for office.
16. Purchased new “Housing Authority of McCreary County” sign.
17. Lifted foundation of Building “C” and repaired damaged brick on all buildings.
18. Resurfaced playground with new chips.
19. Purchased new tractor/loader/backhoe machine for maintenance department.
20. Replaced appliances in KY081, (40 stoves / 40 refrigerators).
21. Began bathroom renovations of all bathrooms in KY081.

ATTACHMENT: F (2)
HOUSING AUTHORITY OF MCCREARY COUNTY
MISSION AND GOALS
5-YEAR PLAN / 2005-2009
“continued”

GOALS

HA-WIDE

1. Complete “Bathroom Renovations”.
2. Refinish and Paint all entry doors.
3. Replace bathroom exhaust fans.
4. Replace interior lights.
5. Storage units.
6. Update mowers.

KY081

1. Renovate kitchen cabinets.

KY082

1. Renovate kitchen cabinets.
2. Replace kitchen range hoods.
3. Replace bathroom heaters.

ATTACHMENT G : SUBSTANTIAL AND SIGNIFICANT AMENDMENT DEFINITIONS

Substantial Amendment Definitions

Substantial Deviation from the 5 Year Plan: Any change in goals or objectives.

Significant Amendment Definitions

Significant Amendment or Modification to Annual Plan: Any change of 20% in funds expected to be expended.

ATTACHMENT H : RESIDENT ADVISORY BOARD MEMBERS

HAZEL DAVIS
APT. #406

WILMA DOPLÉ
APT. #443

FAYRENE KEITH
APT. #447

AARON HOWARD
APT. #436

ALL ABOVE RESIDENTS RESIDE AT: 488 E. HWY 92, APT. ____
PINE KNOT, KY 42635

DISTINGUISHED BY APARTMENT NUMBERS.

THE HOUSING AUTHORITY CONTACTED BOARD MEMBERS AND THE FOLLOWING COMMENTS WERE EXPRESSED.

HAZEL DAVIS, EXPRESSED APPRECIATION FOR THE NEW APPLIANCES AND NEWLY RENOVATED BATHROOM.

FAYRENE KEITH EXPRESSED THAT SHE WOULD LIKE TO HAVE NEW EXHAUST FANS IN THE KITCHEN AND BATHROOMS. THE HOUSING AUTHORITY SHOWED HER THE FUTURE PLANS AND THESE WERE ITEMS ALREADY INCLUDED IN THE PLANS. SHE WAS PLEASED WITH THIS AND OTHER FUTURE UPGRADES THAT WERE TO COME.

ATTACHMENT I: CHANGED ELEMENTS

THE FOLLOWING CHANGES WERE MADE TO ACOP, DWELLING LEASE AND THE PROCUREMENT POLICY.

BOARD RESOLUTION # 423 PROCUREMENT POLICY ADDENDUM (ARRA)

HOUSING AUTHORITY OF MCCREARY COUNTY

PROCUREMENT POLICY

“ADDENDUM”

Capital Fund Stimulus Grant Procurement Policy

For transparency and to alert all PHA personnel involved in procurement as well as all potential contractors that may request a copy of the PHA’s procurement policy, this addendum reflects the Recovery Act procurement requirements. These requirements are specifically captured in the revised ACC Amendment for the Recovery Act Grant, PIH Notice 2009–12, and Buy American provisions in PIH Notice 2009-31. These requirements are attached to this current procurement policy an/or their provisions are incorporated by reference.

BOARD RESOLUTION #422 ACOP AMENDMENT & DWELLING LEASE ADDENDUM (VAWA)

ACOP

SECTION XXXI. VIOLENCE AGAINST WOMEN ACT

This Act amends the United States Housing Act of 1937 with regard to the public Housing Program in the following ways:

1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of the victim of such violence.

2. Criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of the tenancy or occupancy rights, if the tenant or immediate member of the tenant's family is a victim of that domestic violence, dating violence, or stalking.
3. HAMC may bifurcate a lease in order to evict, remove or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant.
4. HAMC retains the right to evict a tenant for any violation of a lease not premised on the act or acts of violence in question against the tenant or a member of the tenant's household, provided that MCHA will not subject an individual who is or has been a victim of domestic violence, dating violence, or stalking to a more demanding standard than other tenants in determining whether to evict or terminate a tenancy.
5. HAMC retains the right to evict a tenant if it can be demonstrated that there is an actual and imminent threat to other tenants or those employed at or providing service to the property if the tenant's tenancy is not terminated.
6. HAMC may request that an individual certify via a HUD approved certification form that the individual is a victim of domestic violence, dating violence, or stalking, and that the incident or incidents in question are bona fide incidents of such actual or threatened abuse and meet the requirements set forth in the Act. Such certification shall include the name of the perpetrator. The individual shall provide the certification within 14 business days after HAMC requests it.
7. If the individual fails to provide the certification discussed in paragraph 6 above within 14 business days of a request, HAMC may evict any tenant or lawful occupant that commits a violation of the Dwelling Lease. HAMC may extend the 14-day deadline at its discretion.
8. An individual may satisfy the certification requirement discussed above in paragraph 6 by : 1) providing HAMC with documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of the abuse, in which the professional attests under penalty of perjury to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim has signed or attested to the documentation; or 2) producing a federal, state, tribal, territorial, or local police or court record.
9. All information provided to HAMC relating to the fact that an individual is a victim of domestic violence, dating violence, or stalking, shall be retained in confidence, except to the extent that disclosure is:
 - a. requested or consented to by the individual in writing;
 - b. required for use in an eviction proceeding; or
 - c. otherwise required by applicable law.

The following are additional requirements regarding requests for emergency transfers that are the result of domestic violence, dating violence, or stalking:

1. Tenant initiated emergency transfers that are the result of domestic violence, dating violence, or stalking will only be approved if they are accompanied by documentation acceptable to HAMC substantiating the domestic violence, dating violence, or stalking.
2. Whenever a tenant is granted an emergency transfer that is the result of domestic violence, dating violence, or stalking, the perpetrator of such violence or stalking will be automatically barred from the tenant's previous residence, the tenant's new residence, and all of the tenant's subsequent residences pursuant to the HAMC No Trespass/Barring Procedure.
3. A tenant who is granted an emergency transfer that is the result of domestic violence, dating violence, or stalking who subsequently allows a barred perpetrator of such violence or stalking onto the property in violation of the HAMC No Trespass/Barring Procedure will be in violation of his/her Dwelling Lease and subject to possible eviction.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other “good cause” for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim’s behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

DWELLING LEASE ADDENDUM

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS
	HAMC / JILL CARMAN	

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

4. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other “good cause” for termination of assistance, tenancy or occupancy rights of the victim of abuse.
5. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of that abuse.
6. The Landlord may request in writing that the victim, or a family member on the victim’s behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Date

Landlord

Date

SECTION XIII. INCOME VERIFICATION AND DOCUMENTATION

1. The HA use for verification purposes the following:
 - a. Verification of SS, SSI, BL, employment, etc.. if information is current.
 - b. The Work Number
 - c. Applicant / Resident SS or SSI verification letter / notice.
 - d. Employer, Financial Institution, etc. 3rd party
 - e. Cabinet for Human Resources
 - f. Oral / Phone 3rd party with documentation
 - g. Most current Income Tax Return for self employment
 - h. Verification that the PHA would deem acceptable, should the above procedures fail.

